

**MULTIPLE DEPENDENT CLAIM 25**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3						
4						
5						
6						
7						
8						
9	1		1		1	
10		1		1		1
11						
12						
13						
14						
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17						
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19	1		1		1	
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50						
TOTAL IND.		↓		↓	17	↓
TOTAL DEP.	←		←		17	←
TOTAL CLAIMS					34	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←			←
TOTAL CLAIMS						